

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036775  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9266

FILED OCT 3 1962

VS 300  
Rev: 4/59

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24003

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b  
--

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Lukes Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Kirkwood Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
420 E. Madison Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
GEORGE CHADBOURNE TAYLOR

4. DATE OF DEATH  
Month Day Year  
September 25, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Dec 1 1904

9. AGE (last birthday)  
58

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
President

10b. KIND OF BUSINESS OR INDUSTRY  
Miss. Valley Barge Co.

11. BIRTHPLACE (City and state or country)  
Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

George Chadbourne Taylor

13b. MOTHER'S MAIDEN NAME

Mabel Anderson

14. NAME OF HUSBAND OR WIFE

Frances B. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT  
St. Louis, Address Mo.  
Mr. Henry B. Pflager, 40 N. Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH  
1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gen. arterioscl.

DUE TO (c)

331X

2-3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a),  
Obstructive Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 11 1939 to Sept 25 1962 and last saw him alive on Sept 25 1962  
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

John L. Norner MD

22b. ADDRESS

114 N. Taylor St. Room 8

22c. DATE SIGNED

9-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Cremation

23b. DATE  
Sept 27, 1962

23c. NAME OF CEMETERY OR CREMATORY  
Oak Grove Crematory

23d. LOCATION (City, town, or county)  
St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.R. LUPTON & SONS, 7233 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 26 1962

26. REGISTRAR'S SIGNATURE

Lead Smith MD

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Taylor

Dr. John Horner  
114 N. Taylor

JE 3-8600

City

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ *not Embalmed* Student Embalmer No. \_\_\_\_\_  
working under my personal supervision. *Herbert C. Dallmeyer*

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.